

Community Service Verification



To be completed by the student:

Student: _____

Activity: _____

Date: _____

Location: _____

Purpose: _____

To be signed by parent/guardian of student:

The student participates in this activity with my knowledge and approval.

Signature of student's parent/guardian

To be completed and signed by activity representative at site of activity and by student:

I certify that the student volunteered _____ hours [*insert # of hours*] to the activity. I am aware that one of the objectives of the Performing Arts Academy is to encourage its students to participate in community service and that it shall rely on this certification to document the student's efforts to achieve that objective.

Signature of Activity Representative

Activity Rep. Contact # or e-mail

Student/Participate Signature